


<b>Health and Wellbeing Board</b> 24 <sup>th</sup> March 2014	 Tower Hamlets <b>Health and Wellbeing Board</b>
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Better Care Fund Planning Template</b>	

<b>Lead Officer</b>	Robert.McCulloch-Graham, Education Social care and Wellbeing Corporate Director
<b>Contact Officers</b>	Deborah Cohen, Service Head Commissioning and Health
<b>Executive Key Decision?</b>	No

### Executive Summary

In the 2013 Spending Round, the Government announced a national £3.8 billion pooled budget for health and social care services, building on the current NHS transfer to social care services of £1 billion (usually referred to as s256 funding). The Spending Round stated that ‘the Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people’.

Local Authorities and Clinical Commissioning Groups (CCGs) are required to submit a, final, jointly agreed Better Care Fund Planning Template to the Local Government Association (LGA) and NHS England by 4<sup>th</sup> April 2014. This is an externally imposed deadline.

### Recommendations:

The Health and Wellbeing Board is recommended to:

1. Agree the final version of the Better Care Fund Planning Template (Appendix 1) before final submission to NHS England on 4 April 2014

## 1. REASONS FOR THE DECISIONS

- 1.1 In order to receive the Better Care funding, the Government requires the HWBB to submit a template document which sets out the CCG and Council's joint plans for the application of those monies.
- 1.2 The Government has published guidance related to the Better Care Fund programme which indicates that the template submission should be agreed by the Council's Health and Wellbeing Board ("HWB"). This is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies and the joint strategic needs assessment.

## 2. ALTERNATIVE OPTIONS

- 2.1 N/A

## 3. DETAILS OF REPORT

- 3.1 The Better Care Fund (formerly the Integration Transformation Fund) was unveiled in June as part of the 2013 Spending Round. The Government announced a national £3.8 billion pooled budget for health and social care services, building on the current NHS transfer to social care services of £1 billion.
- 3.2 BCF comes from existing LBTH and CCG budgets. New funding comes from c £1.221m BCF Planning Budget in 2014/15.

### Details of the ITF Fund

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the ITF will be created from the following:	
£1.9bn NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:	
<ul style="list-style-type: none"><li>• £130m Carers' Breaks funding</li><li>• £300m CCG reablement funding</li><li>• £354m capital funding (including c.£220m of Disabled Facilities Grant)</li><li>• £1.1bn existing transfer from health to social care</li></ul>	

- 3.3 The Final Tower Hamlets Better Care Fund Planning Template is attached as appendix 1. The Better Care Fund allocation for 2014/2015 totals **£18.681m** and for 2015/16 totals **£20.367m**.
- 3.4 The BCF will be a pooled budget for health and social care services from 2015-16 to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. This will be governed by a s75 agreement between the Council and CCG.
- 3.5 However for 14-15 current arrangements continue in so far as the funding that has in the last three years transferred to local authorities under s256 will continue for this last year. However it is proposed locally to use 14-15 as a shadow year to prepare for the pooled funding in 15-16 and this means that the CCG are putting their portion of the BCF alongside the LA's share and the plans described in the templates are based on the total local allocation of BCF. Our plans, as expected, are the Tower Hamlets part of the WELC pioneer programme (see appendix 2).
- 3.6 Local Authorities and Clinical Commissioning Groups (CCGs) are required to submit a jointly agreed Final Better Care Fund Planning Template to the Local Government Association (LGA) and NHS England by 4th April 2014. NHS England guidance states that both of these templates need to be agreed and authorised by Health and Wellbeing Boards.
- 3.7 The Better Care Fund provides an opportunity to transform care so that people are provided with better integrated care and support, in community settings and so that demand on acute care in hospitals is reduced. It is a substantial level of funding and it will help deal with demographic and other pressures in the health and social care system. The Better Care Fund is an opportunity to take the integration agenda forward at scale and pace, building on the WELC Integrated Care Programme, and successful Pioneer status.
- 3.8 The development of our integrated care strategy is within the overarching strategic framework in the Health and Wellbeing Strategy with the aims to
- Improve health and wellbeing throughout all stages of life
  - Reduce health inequalities; and
  - Promote independence, choice and control
- 3.9 Our vision for health and care services is of an integrated care system that coordinates care around the patient and delivers care in the most appropriate setting. The objectives of the Tower Hamlets Better Care Fund are to:
- Empower patients, users and their carers
  - Provide more responsive, coordinated and proactive care, including data sharing information between providers to enhance the quality of care
  - Ensure consistency and efficiency of care

- 3.10 The Tower Hamlets Joint Strategic Needs Assessment highlights long standing issues of poorer health outcomes in the Borough compared to elsewhere relating to wider determinants of health (income, poverty, housing, employment), higher prevalence of risk factors for health (smoking, poor diet, low physical activity, problem drinking etc), higher levels of illness (eg heart disease, stroke, diabetes, lung disease, lung cancer) and poorer survival (eg cancer). As a result of these population health characteristics a preventative approach is taken locally to reduce the prevalence of long term conditions in the population, and promote better management of long term conditions where they exist. As well as the burden of ill health, this also places additional pressure on the health and social care system, where too often, hospital care is the fall back position.
- 3.11 The new model of Integrated Care will be targeted at the top 20% of patients in Tower Hamlets, who account for around 85% of total acute activity and 75% of acute spend
- 3.12 Some patients have a higher risk of requiring an emergency admission following a crisis than others, and certain characteristics can be indicative of that risk. Therefore we can stratify patients into categories of risk. Information used to identify this risk includes age, their previous acute admissions, and the existing long-term conditions. Because of the high and growing number of people in the borough with one or more long-term conditions, stratifying the risk of patients in order to focus on those with the highest risk of admission is increasingly important. Our risk stratification has identified the following split of our registered population into the following categories:

<b>Risk factor</b>	<b>National average percentage</b>	<b>-</b>	<b>Total</b>
<b>Very high risk</b>		0.5%	1,662
<b>High risk</b>		4.5%	11,871
<b>Moderate risk</b>		15%	23,600
<b>(Total TH population)</b>		-	261,536
<b>(Total TH population that are very high – moderate risk)</b>		-	37,133

- 3.13 For 2014/15 and 2015/16 the model of care we will be introducing will focus on the Very High, High and Moderate Risk patient groups.
- 3.14 Interventions will be delivered via integrated multidisciplinary teams coordinated around GP practice networks and localities. This will build on the well-established locality and GP network that exists in Tower Hamlets. The programme will have two dimensions:

- The redesign of the model of services and care pathways including the development of an “integrator function” that will hold the whole system of services together to operate in a joined up way
- The joint commissioning of services ensuring where appropriate the contestability of services. Services will be commissioned in such a way as to ensure that there is the flexibility for services to be personalised as much as possible. The “whole system” will be commissioned so that services can work together seamlessly.

3.15 The ‘Planned Changes’ of the Better Care Fund are based on the two BCF Investment Schemes. These are:

- Integration/Helping People Live at Home
- Enablers

3.16 The monitoring of the Better Care fund will be based on the below metrics. These are:

- REDUCE Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
- INCREASE Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- REDUCE Delayed Transfers of Care from hospital
- REDUCE Avoidable emergency admissions
- IMPROVE Patient and Service User Experience
- REDUCE Emergency admissions for patients within the risk stratified group
- REDUCE Emergency readmissions for patients within the risk stratified group

3.17 Payment of the Better Care Fund is NOT performance related.

#### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

4.1. The Better Care Fund is worth £3.8 billion nationally. Tower Hamlets share of this has been confirmed as £18.681m for 2014/15 and £20.367m for 2015/16.

4.2. The attached report is the proposed final Tower Hamlets Better Care Fund Planning Template, a draft of which the Health and Wellbeing Board approved

and that draft was submitted to NHS England / Local Government Association by 14th February 2014.

- 4.3. For 2014/15 the split of resource between the CCG (**£10.367m**) and the Local Authority (**£8.314m**) is based on existing funding streams for the different organisations. The Local Authority component comprises

<b>Component</b>	<b>£'000</b>
Section 256 Funding	5,493
Disabled Facilities Grant	800
Social Care Grant	800
Funding to plan for Better Care Fund (one-off)	1,221
<b>Total</b>	<b>8,314</b>

- 4.4. From 2015/16, the **£20.367m** total funding will go to the CCG pending joint agreement through the Health and Wellbeing Board on how the funding can be used to meet the metrics required by NHS England. Part of the planning for 2015/16 will involve a consideration of the future shape and commitments on those services within the parameters of the Better Care Fund objectives.
- 4.5. Approval of these plans by the Health and Wellbeing board are necessary to progress through the planning stages to secure the allocated funding via NHS England.

## **5. LEGALCOMMENTS**

- 5.1 The Government proposes to provide funding to local authorities under the Better Care Fund to integrate local services. The funding is to be made available via two statutory mechanisms –
- In 2014/2015, NHS England is to make payments under section 256 of the National Health Service (NHS) Act 2006. Such payments may be made to support social services functions, education for the benefit of disabled persons, the provision of housing and health-related functions.
  - In 2015/2016, a pooled budget will be made available upon the Council entering into an agreement with a relevant NHS body under section 75 of the NHS Act 2006. Such agreements may be entered into where arrangements are proposed which are likely to lead to improvement in the way that prescribed NHS functions and prescribed health-related functions of the Council are exercised.
- 5.2 In order to receive the Better Care funding, the Government requires the Council to submit a template document which sets out its plans for the application of those monies. The Council's draft submission is provided at Appendix 2 and includes a number of key strategies for delivery of the Council's social care functions.

- 5.3 The Government has published guidance related to the Better Care Fund programme which indicates that the template submission should be agreed by the Council's Health and Wellbeing Board ("**HWB**"). This is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies and the joint strategic needs assessment.
- 5.4 The Council's HWB agreed the draft template submission at its meeting on 6 February 2014. This endorsement is considered to be within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, which include the following functions –
- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
  - To provide advice, assistance or other support in order to encourage partnership arrangements under Section 75 of the NHS Act 2006.
- 5.5 Given that the Better Care Fund monies are focussed on achieving better service integration, it is reasonable for the HWB to be asked to endorse the Council's template for submission to Government in April. It appears to fall within the HWB functions of encouraging integration and supporting partnerships under section 75 of the NHS Act 2006. As the HWB has statutory status, due regard should be given to its decision making authority within its terms of reference.
- 5.6 The joint plan should be agreed by the CCG and the Local Authority and approved through the HWB. Before submission to the HWB for final approval of the plan the Council must sign off the template submission, indicating its commitment to spending almost £40million worth of funding in the manner indicated in the plan. That commitment and sign off by the Local Authority is a key decision for the Mayor to take. The commitment to funding and to the joint plan does not expose the Council to any liability arising from the provision of health services.
- 5.7 The use of all funds provided under the Better Care Fund must meet the requirements of the guidance from the Department of Health to NHS England of 19 December 2012 (Gateway reference: 18568). This includes the condition that the Local Authority agrees with its local health partners how the funding is best used within Social Care and the outcomes expected from this investment through a jointly approved plan. It is indicated in the guidance that the HWB is the natural place for these discussions. This is further supplemented in both the letter from NHS England and the Local Government Association to the NHS and Local Government in August 2013 as well as in the Better Care Fund Planning Guidance issued by NHS England in December 2013 both of which state that plans for use of the pooled monies will need to be developed jointly by CCGs and Local Authorities and signed off by each of these parties and the HWB.

- 5.8 When planning for integration of health and social care functions, the Council and its committees must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. Some form of equality analysis will be required and officers will have to decide how extensive this should be.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1. An Equality Analysis has been undertaken for the Better Care Fund which is attached in Appendix 3

## **7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 7.1 N/A

## **8. RISK MANAGEMENT IMPLICATIONS**

- 8.1. Details of the most important risks and plans to mitigate them have been included in the Better Care Fund Planning Template (Section 4)

## **9. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 9.1 N/A

## **10. EFFICIENCY STATEMENT**

- 10.1 [Reports concerned with proposed expenditure, reviewing or changing service delivery or the use of resources must incorporate an Efficiency Statement. Please refer to the relevant section of the report writing guide.]

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## **Appendices and Background Documents**

### **Appendices**

- Appendix 1: Tower Hamlets Final Better Care Fund Planning Template
- Appendix 2: WELC Integration Pioneer Briefing
- Appendix 3: Better Care Fund Equality Analysis

### **Background Documents**

If your report is a decision making report, please list any background documents not already in the public domain including officer contact information.

- None